

Dear Co-Chairs Senator Anwar and Rep. McCarthyVahey, Vice-Chairs Sen. Kushner, Sen. Marx and Rep. Parker, Ranking Members Sen. Somers and Rep. Klarides-Ditria, and Distinguished Members of the Public Health Committee:

Thank you for this opportunity to testify in support of SB 1076.

Recently, as I arrived at a Compassion and Choices event, I was greeted by protesters wearing signs objecting to “Assisted Suicide.” My blood boiled.

My husband of 34 years, Dave Murray, died a painful death after a battle with renal cell carcinoma. Dave was sick for five months. By the time he was diagnosed, cancer was widespread and his chances were grim. But Dave very much wanted to live, and endured multiple treatments that left him sick, exhausted and hospitalized, but were his only hope. Through all of it, David called cancer “a gift” – his words - for all it taught him about living and loving well.

It was both a terrible and wonderful time for us. In some ways, Dave was happier than ever. His irreverent humor never faltered. We laughed often and heartily. The remarkable intimacy of facing possible death, when soul-searching is inevitable, brought us even closer. Any and all subjects were on the table for discussion. We clung to each other and the hope that allowed us to face each day.



3 months before Dave's death

Dave felt he had rediscovered what was truly meaningful to him - not money, not the success he had been seeking, but his large family. He wanted to declare his love publicly. So, in Dave's last months, at the center of living and loving well we hosted what we called our Wedding Re-



Run. Planning for our big day kept us resolutely moving forward towards all that is joyful, positive and profound in life. Despite serious medical setbacks, Dave wouldn't hear about changing our plans. Five weeks before Dave's death, my son helped him into his tux, my daughters fussed over my dress, and we gathered with seventy of the people closest to us for our “wedding.” We even had our dance, what would be the last ever of so many dances we had enjoyed together. He was so weak I had to hold him up, but he would not let cancer deprive him of the moment.

Dave was anything but suicidal. He was unafraid of death, and fiercely committed to living as long as he could. Other than having more time to spend with his large family, Dave had only one wish. He wanted a dignified death at home surrounded by loved ones and before pain became all-encompassing.

Aid in dying accelerates a death process that has already begun, available only when imminent death is the only certainty. The aim is a humane end to physical suffering for people afflicted with physical, not mental, illness. It is not suicide, and to prejudice it in any way with the connotation of suicide is to entirely misconstrue the issue and disrespect the dying.

The implication that Dave wanted to commit suicide, with or without a doctor's help, is heart-rending. It erases the joy and love that blossomed in the last five months of his life. It denies him acknowledgement of his unfailingly positive outlook even as death stalked him. Dave wanted to end the disease and suffering leading to an inevitable death. He wanted to exercise what little agency he had over cancer; to deprive it of inflicting unbearable torture on him, to choose quality of life over lingering another few days in confusion and pain as his organs slowly shut down.

If Dave could have found some miraculous cure, he would not have hesitated to take advantage of it, no matter what he would have had to endure to do so. Tragically, there was no magic cure for the disease. But there could have been a magic pill to grant Dave's last wish had he not died waiting for passage of a Connecticut Aid in Dying bill.

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